U.S. Department of Labor Office of Labor-Management & Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U = 029 - 107	2. Fiscal Year Covered From:
7269	01/In/04 Through: 31/00/09
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name John H Curryham	Name BEW Local 77
0	Labor Organization File Number C39-/01
P.O. Box, Bldg., Room No., if any	(R.O. Box, Building and Room Number, if any 2 (29)
Street 1100 Donald PL NE	Street
city Barnbridge Istand	city Seattle
State WA ZIP Code +4 98110	State WA ZIP Code + 4 98102
5. Position in labor organization. Business Representative	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests  (except as specified in the exclusions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name OBrien and Company	Kathleen OB ven Cumbyham (my spouse)
Trade Name, if any:	Owns + Operates Obvien + Co - they developed the Sustainable Building Advision Common
P.O. Box, Bldg., Room No., if any Box (0707	For Seattle City Light
Street	7.b. Amount.
city Brunbridge Island;	23,871.00
State	
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable perfalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge, and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed	on 8Au 05 206 323 4505 Telephone Number
Form LM-30 (2993)	2 4 6